



***COMMONWEALTH of VIRGINIA***  
**DEPARTMENT OF GENERAL SERVICES**  
**DIVISION OF CONSOLIDATED LABORATORY SERVICES**

**NEWBORN SCREENING REQUEST ORDER FORM**

Quantity	Cost Per Kit	Total Cost
Kit(s)	x \$320	\$

## Payment Method

- ☐ Check (check number) \_\_\_\_\_)
- ☐ Money Order (number \_\_\_\_\_)
- ☐ Credit Card

### Credit Card Information

- ☐ VISA
- ☐ Master Card

Expir. Date     /      
mo yr

Customer ID (Corporate Charge Card)				
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**Zip Code**

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[illegible]**Signature of Cardholder / Title**

Date \_\_\_\_\_

**Daytime Telephone Number**

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**(DGS-22-033, REV. JAN. 2004)**

## **INSTRUCTIONS**

1. Please **print** all information clearly. A minimum order is one kit containing 10 devices.  
All orders must be pre-paid prior to shipping.
2. Payment may be made by check/money order payable to the **Treasurer of Virginia** or by VISA/MASTERCARD.  
If paying by credit card, please complete the information under Credit Card Information.
3. Credit card orders may be placed by calling toll free to 1-866-378-7730 or may be faxed to (804) 225-2120.
4. The Department of General Services Federal ID # is 54-1056975. The purchase of NBS kits is tax exempt.
5. Please tear off order form at perforated edge and insert check/order form into pre-addressed envelope.

For all inquiries concerning Newborn Screening patient results, to order forms, to place credit card orders or to obtain NBS follow-up nurse consultation, please call toll free to 1-866-378-7730 (Richmond Area 804-225-3345), Monday through Friday, 8:15 A.M. – 5:00 P.M.